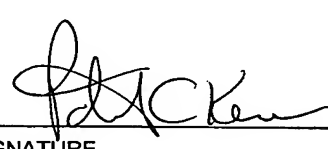
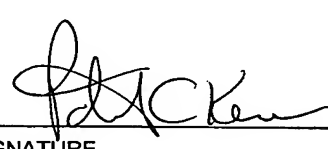
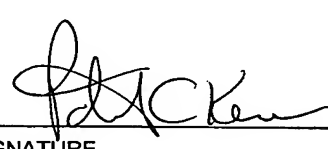


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|--|---|---|
| Substitute for Form PTO-1390<br>U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE<br><b>TRANSMITTAL LETTER TO THE UNITED STATES<br/>         DESIGNATED/ELECTED OFFICE (DO/EO/US)<br/>         CONCERNING A FILING UNDER 35 U.S.C. 371</b>   |   | ATTORNEY'S DOCKET NUMBER<br>034382-002<br>U.S. APPLICATION NO. (if known, see 37 CFR 1.5)<br><b>10/532130</b> |
| INTERNATIONAL APPLICATION NO.<br>PCT/FI2003/000762   | INTERNATIONAL FILING DATE<br>14 October 2003 (14.10.2003) | PRIORITY DATE CLAIMED<br>21 October 2002 (21.10.2002)   |
| TITLE OF INVENTION<br><br>ARRANGEMENT FOR PROTECTING AN ELECTRIC MACHINE   |   |   |
| APPLICANT(S) FOR DO/EO/US<br>MAKI-ONTTO, Petri   |   |   |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:  |   |   |
| 1. <input checked="" type="checkbox"/> This is a <b>FIRST</b> submission to items concerning a filing under 35 U.S.C. 371.<br>2. <input type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a filing under 35 U.S.C. 371.<br>3. <input type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (22) indicated below.<br>4. <input type="checkbox"/> The US has been elected by the expiration of 19 months from the priority date (Article 31).<br>5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2))<br>a. <input checked="" type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau).<br>b. <input type="checkbox"/> has been communicated by the International Bureau.<br>c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).<br>6. <input checked="" type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371(c)(2))<br>a. <input checked="" type="checkbox"/> is attached hereto.<br>b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).<br>7. <input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3))<br>a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau).<br>b. <input type="checkbox"/> have been communicated by the International Bureau.<br>c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.<br>d. <input checked="" type="checkbox"/> have not been made and will not be made.<br>8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).<br>9. <input type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).<br>10. <input type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).<br><br>Items 11 to 21 below concern document(s) or information included:<br>11. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98.<br>12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.<br>13. <input checked="" type="checkbox"/> A <b>FIRST</b> preliminary amendment.<br>14. <input type="checkbox"/> A <b>SECOND</b> or <b>SUBSEQUENT</b> preliminary amendment.<br>15. <input type="checkbox"/> A substitute specification.<br>16. <input type="checkbox"/> A change of power of attorney and/or address letter.<br>17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 C.F.R. 1.821 - 1.825.<br>18. <input type="checkbox"/> A second copy of the published international application under 35 U.S.C. 154(d)(4).<br>19. <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).<br>20. <input checked="" type="checkbox"/> Other items or information: <u>General Authorization for Petitions for Extensions of Time and Payment of Fees; Application Data Sheet; PCT/IPEA/409; and PCT/ISA/210</u><br>_____<br>_____<br>_____<br>_____ |   |   |

|   |  |   |  |                                     |  |
|---|--|---|--|-------------------------------------|--|
| U.S. APPLICATION NO. (if known, see 37 CFR 1.51) <b>10/532130</b> |  | INTERNATIONAL APPLICATION NO. PCT/FI2003/000762 |  | ATTORNEY'S DOCKET NUMBER 034382-002 |  |
|---|--|---|--|-------------------------------------|--|

|  |  |              |                   |                         |             |  |  |  |  |  |  |  |        |              |              |      |    |  |              |          |   |                  |         |  |                    |         |   |                   |         |  |   |  |  |  |                   |  |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |  |                               |  |  |  |             |  |  |  |  |  |   |         |  |  |  |  |            |             |   |  |  |  |         |  |                      |  |  |  |             |  |   |  |  |  |  |  |                       |  |  |  |             |  |  |  |  |  |                         |  |  |  |  |  |           |  |  |  |
|--|--|--------------|-------------------|-------------------------|-------------|--|--|--|--|--|--|--|--------|--------------|--------------|------|----|--|--------------|----------|---|------------------|---------|--|--------------------|---------|---|-------------------|---------|--|---|--|--|--|-------------------|--|-----------------|--|--|--|-------------------|-----------|------------|--|--|--|-------------------|-----------|--|--|--|--|--|--|-------------------------------|--|--|--|-------------|--|--|--|--|--|---|---------|--|--|--|--|------------|-------------|---|--|--|--|---------|--|----------------------|--|--|--|-------------|--|---|--|--|--|--|--|-----------------------|--|--|--|-------------|--|--|--|--|--|-------------------------|--|--|--|--|--|-----------|--|--|--|
| <p>21. <input checked="" type="checkbox"/> Applicant(s) requests that the published application include the following assignment information: <u>ABB Oy, Helsinki, Finland</u></p> <p>22. <input checked="" type="checkbox"/> The following fees are submitted:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4">Basic Filing Fee (1631)</td> <td style="width: 15%; text-align: right;">\$ 300.00</td> <td style="width: 15%;"></td> </tr> <tr> <td colspan="4">Surcharge of \$130.00 (1617) for furnishing the oath or declaration later than months from the earliest claimed priority date (37 CFR 1.492(e)). <input type="checkbox"/> 20 <input type="checkbox"/> 30</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">CLAIMS</td> <td style="text-align: center;">NUMBER FILED</td> <td style="text-align: center;">NUMBER EXTRA</td> <td style="text-align: center;">RATE</td> <td style="text-align: center;">\$</td> <td></td> </tr> <tr> <td>Total Claims</td> <td style="text-align: center;">9 - 20 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x \$50.00 (1615)</td> <td style="text-align: center;">\$ 0.00</td> <td></td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">1 - 3 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x \$200.00 (1614)</td> <td style="text-align: center;">\$ 0.00</td> <td></td> </tr> <tr> <td colspan="4">MULTIPLE DEPENDENT CLAIM(S) (if applicable)</td> <td style="text-align: center;">+ \$360.00 (1616)</td> <td></td> </tr> <tr> <td colspan="4">Examination Fee</td> <td style="text-align: center;">+ \$200.00 (1633)</td> <td style="text-align: center;">\$ 200.00</td> </tr> <tr> <td colspan="4">Search Fee</td> <td style="text-align: center;">+ \$500.00 (1632)</td> <td style="text-align: center;">\$ 500.00</td> </tr> <tr> <td colspan="4">App. Size Fee (add \$250.00 for each add'l 50 sheets exceeding 100 sheets)</td> <td></td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">TOTAL OF ABOVE CALCULATIONS =</td> <td style="text-align: center;">\$ 1,000.00</td> <td></td> </tr> <tr> <td colspan="4"><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.</td> <td style="text-align: center;">+</td> <td style="text-align: center;">\$ 0.00</td> </tr> <tr> <td colspan="4"></td> <td style="text-align: center;">SUBTOTAL =</td> <td style="text-align: center;">\$ 1,000.00</td> </tr> <tr> <td colspan="4">Processing fee of \$130.00 (1618) for furnishing the English translation later than months from the earliest claimed priority date (37 CFR 1.492(f)). <input type="checkbox"/> 20 <input type="checkbox"/> 30</td> <td style="text-align: center;">\$ 0.00</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">TOTAL NATIONAL FEE =</td> <td style="text-align: center;">\$ 1,000.00</td> <td></td> </tr> <tr> <td colspan="4">Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 (8021) per property +</td> <td></td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">TOTAL FEES ENCLOSED =</td> <td style="text-align: center;">\$ 1,000.00</td> <td></td> </tr> <tr> <td colspan="4"></td> <td style="text-align: center;">Amount to be refunded :</td> <td></td> </tr> <tr> <td colspan="4"></td> <td style="text-align: center;">charged :</td> <td></td> </tr> </table> <p>a. <input type="checkbox"/> A check in the amount of _____ to cover the above fees is enclosed.</p> <p>b. <input type="checkbox"/> Please charge my Deposit Account No. <u>02-4800</u> in the amount of _____ to cover the above fees. A duplicate copy of this sheet is enclosed.</p> <p>c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>02-4800</u>. A duplicate copy of this sheet is enclosed.</p> <p>d. <input checked="" type="checkbox"/> Charge <u>\$ 1,000.00</u> to credit card. Form PTO-2038 is attached.</p> <p><b>NOTE:</b> Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.</p><br><table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>SEND ALL CORRESPONDENCE TO:</p> <p>Burns, Doane, Swecker &amp; Mathis, L.L.P.<br/> P.O. Box 1404<br/> Alexandria, Virginia 22313-1404<br/> (703) 836-6620</p> </td> <td style="width: 50%; vertical-align: top;"> <div style="text-align: center;"> <br/> <hr/> <p>SIGNATURE</p> </div> <div style="text-align: center;"> <p>Patrick C. Keane</p> <hr/> <p>NAME</p> </div> <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <p>32,858</p> <hr/> <p>REGISTRATION NO.</p> </div> <div style="text-align: center;"> <p>April 20, 2005</p> <hr/> <p>DATE</p> </div> </div> </td> </tr> </table> | Basic Filing Fee (1631)  |              |                   |                         | \$ 300.00   |  | Surcharge of \$130.00 (1617) for furnishing the oath or declaration later than months from the earliest claimed priority date (37 CFR 1.492(e)). <input type="checkbox"/> 20 <input type="checkbox"/> 30 |  |  |  |  |  | CLAIMS | NUMBER FILED | NUMBER EXTRA | RATE | \$ |  | Total Claims | 9 - 20 = | 0 | x \$50.00 (1615) | \$ 0.00 |  | Independent Claims | 1 - 3 = | 0 | x \$200.00 (1614) | \$ 0.00 |  | MULTIPLE DEPENDENT CLAIM(S) (if applicable) |  |  |  | + \$360.00 (1616) |  | Examination Fee |  |  |  | + \$200.00 (1633) | \$ 200.00 | Search Fee |  |  |  | + \$500.00 (1632) | \$ 500.00 | App. Size Fee (add \$250.00 for each add'l 50 sheets exceeding 100 sheets) |  |  |  |  |  | TOTAL OF ABOVE CALCULATIONS = |  |  |  | \$ 1,000.00 |  | <input type="checkbox"/> Applicant claims small entity status. 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| CLAIMS   | NUMBER FILED   | NUMBER EXTRA | RATE              | \$                      |             |  |  |  |  |  |  |  |        |              |              |      |    |  |              |          |   |                  |         |  |                    |         |   |                   |         |  |   |  |  |  |                   |  |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |  |                               |  |  |  |             |  |  |  |  |  |   |         |  |  |  |  |            |             |   |  |  |  |         |  |                      |  |  |  |             |  |   |  |  |  |  |  |                       |  |  |  |             |  |  |  |  |  |                         |  |  |  |  |  |           |  |  |  |
| Total Claims   | 9 - 20 =   | 0            | x \$50.00 (1615)  | \$ 0.00                 |             |  |  |  |  |  |  |  |        |              |              |      |    |  |              |          |   |                  |         |  |                    |         |   |                   |         |  |   |  |  |  |                   |  |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |  |                               |  |  |  |             |  |  |  |  |  |   |         |  |  |  |  |            |             |   |  |  |  |         |  |                      |  |  |  |             |  |   |  |  |  |  |  |                       |  |  |  |             |  |  |  |  |  |                         |  |  |  |  |  |           |  |  |  |
| Independent Claims   | 1 - 3 =  | 0            | x \$200.00 (1614) | \$ 0.00                 |             |  |  |  |  |  |  |  |        |              |              |      |    |  |              |          |   |                  |         |  |                    |         |   |                   |         |  |   |  |  |  |                   |  |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |  |                               |  |  |  |             |  |  |  |  |  |   |         |  |  |  |  |            |             |   |  |  |  |         |  |                      |  |  |  |             |  |   |  |  |  |  |  |                       |  |  |  |             |  |  |  |  |  |                         |  |  |  |  |  |           |  |  |  |
| MULTIPLE DEPENDENT CLAIM(S) (if applicable)  |  |              |                   | + \$360.00 (1616)       |             |  |  |  |  |  |  |  |        |              |              |      |    |  |              |          |   |                  |         |  |                    |         |   |                   |         |  |   |  |  |  |                   |  |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |  |                               |  |  |  |             |  |  |  |  |  |   |         |  |  |  |  |            |             |   |  |  |  |         |  |                      |  |  |  |             |  |   |  |  |  |  |  |                       |  |  |  |             |  |  |  |  |  |                         |  |  |  |  |  |           |  |  |  |
| Examination Fee  |  |              |                   | + \$200.00 (1633)       | \$ 200.00   |  |  |  |  |  |  |  |        |              |              |      |    |  |              |          |   |                  |         |  |                    |         |   |                   |         |  |   |  |  |  |                   |  |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |  |                               |  |  |  |             |  |  |  |  |  |   |         |  |  |  |  |            |             |   |  |  |  |         |  |                      |  |  |  |             |  |   |  |  |  |  |  |                       |  |  |  |             |  |  |  |  |  |                         |  |  |  |  |  |           |  |  |  |
| Search Fee   |  |              |                   | + \$500.00 (1632)       | \$ 500.00   |  |  |  |  |  |  |  |        |              |              |      |    |  |              |          |   |                  |         |  |                    |         |   |                   |         |  |   |  |  |  |                   |  |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |  |                               |  |  |  |             |  |  |  |  |  |   |         |  |  |  |  |            |             |   |  |  |  |         |  |                      |  |  |  |             |  |   |  |  |  |  |  |                       |  |  |  |             |  |  |  |  |  |                         |  |  |  |  |  |           |  |  |  |
| App. Size Fee (add \$250.00 for each add'l 50 sheets exceeding 100 sheets)   |  |              |                   |                         |             |  |  |  |  |  |  |  |        |              |              |      |    |  |              |          |   |                  |         |  |                    |         |   |                   |         |  |   |  |  |  |                   |  |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |  |                               |  |  |  |             |  |  |  |  |  |   |         |  |  |  |  |            |             |   |  |  |  |         |  |                      |  |  |  |             |  |   |  |  |  |  |  |                       |  |  |  |             |  |  |  |  |  |                         |  |  |  |  |  |           |  |  |  |
| TOTAL OF ABOVE CALCULATIONS =  |  |              |                   | \$ 1,000.00             |             |  |  |  |  |  |  |  |        |              |              |      |    |  |              |          |   |                  |         |  |                    |         |   |                   |         |  |   |  |  |  |                   |  |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |  |                               |  |  |  |             |  |  |  |  |  |   |         |  |  |  |  |            |             |   |  |  |  |         |  |                      |  |  |  |             |  |   |  |  |  |  |  |                       |  |  |  |             |  |  |  |  |  |                         |  |  |  |  |  |           |  |  |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.   |  |              |                   | +                       | \$ 0.00     |  |  |  |  |  |  |  |        |              |              |      |    |  |              |          |   |                  |         |  |                    |         |   |                   |         |  |   |  |  |  |                   |  |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |  |                               |  |  |  |             |  |  |  |  |  |   |         |  |  |  |  |            |             |   |  |  |  |         |  |                      |  |  |  |             |  |   |  |  |  |  |  |                       |  |  |  |             |  |  |  |  |  |                         |  |  |  |  |  |           |  |  |  |
|  |  |              |                   | SUBTOTAL =              | \$ 1,000.00 |  |  |  |  |  |  |  |        |              |              |      |    |  |              |          |   |                  |         |  |                    |         |   |                   |         |  |   |  |  |  |                   |  |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |  |                               |  |  |  |             |  |  |  |  |  |   |         |  |  |  |  |            |             |   |  |  |  |         |  |                      |  |  |  |             |  |   |  |  |  |  |  |                       |  |  |  |             |  |  |  |  |  |                         |  |  |  |  |  |           |  |  |  |
| Processing fee of \$130.00 (1618) for furnishing the English translation later than months from the earliest claimed priority date (37 CFR 1.492(f)). <input type="checkbox"/> 20 <input type="checkbox"/> 30  |  |              |                   | \$ 0.00                 |             |  |  |  |  |  |  |  |        |              |              |      |    |  |              |          |   |                  |         |  |                    |         |   |                   |         |  |   |  |  |  |                   |  |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |  |                               |  |  |  |             |  |  |  |  |  |   |         |  |  |  |  |            |             |   |  |  |  |         |  |                      |  |  |  |             |  |   |  |  |  |  |  |                       |  |  |  |             |  |  |  |  |  |                         |  |  |  |  |  |           |  |  |  |
| TOTAL NATIONAL FEE =   |  |              |                   | \$ 1,000.00             |             |  |  |  |  |  |  |  |        |              |              |      |    |  |              |          |   |                  |         |  |                    |         |   |                   |         |  |   |  |  |  |                   |  |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |  |                               |  |  |  |             |  |  |  |  |  |   |         |  |  |  |  |            |             |   |  |  |  |         |  |                      |  |  |  |             |  |   |  |  |  |  |  |                       |  |  |  |             |  |  |  |  |  |                         |  |  |  |  |  |           |  |  |  |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 (8021) per property +  |  |              |                   |                         |             |  |  |  |  |  |  |  |        |              |              |      |    |  |              |          |   |                  |         |  |                    |         |   |                   |         |  |   |  |  |  |                   |  |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |  |                               |  |  |  |             |  |  |  |  |  |   |         |  |  |  |  |            |             |   |  |  |  |         |  |                      |  |  |  |             |  |   |  |  |  |  |  |                       |  |  |  |             |  |  |  |  |  |                         |  |  |  |  |  |           |  |  |  |
| TOTAL FEES ENCLOSED =  |  |              |                   | \$ 1,000.00             |             |  |  |  |  |  |  |  |        |              |              |      |    |  |              |          |   |                  |         |  |                    |         |   |                   |         |  |   |  |  |  |                   |  |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |  |                               |  |  |  |             |  |  |  |  |  |   |         |  |  |  |  |            |             |   |  |  |  |         |  |                      |  |  |  |             |  |   |  |  |  |  |  |                       |  |  |  |             |  |  |  |  |  |                         |  |  |  |  |  |           |  |  |  |
|  |  |              |                   | Amount to be refunded : |             |  |  |  |  |  |  |  |        |              |              |      |    |  |              |          |   |                  |         |  |                    |         |   |                   |         |  |   |  |  |  |                   |  |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |  |                               |  |  |  |             |  |  |  |  |  |   |         |  |  |  |  |            |             |   |  |  |  |         |  |                      |  |  |  |             |  |   |  |  |  |  |  |                       |  |  |  |             |  |  |  |  |  |                         |  |  |  |  |  |           |  |  |  |
|  |  |              |                   | charged :               |             |  |  |  |  |  |  |  |        |              |              |      |    |  |              |          |   |                  |         |  |                    |         |   |                   |         |  |   |  |  |  |                   |  |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |  |                               |  |  |  |             |  |  |  |  |  |   |         |  |  |  |  |            |             |   |  |  |  |         |  |                      |  |  |  |             |  |   |  |  |  |  |  |                       |  |  |  |             |  |  |  |  |  |                         |  |  |  |  |  |           |  |  |  |
| <p>SEND ALL CORRESPONDENCE TO:</p> <p>Burns, Doane, Swecker &amp; Mathis, L.L.P.<br/> P.O. Box 1404<br/> Alexandria, Virginia 22313-1404<br/> (703) 836-6620</p>   | <div style="text-align: center;"> <br/> <hr/> <p>SIGNATURE</p> </div> <div style="text-align: center;"> <p>Patrick C. Keane</p> <hr/> <p>NAME</p> </div> <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <p>32,858</p> <hr/> <p>REGISTRATION NO.</p> </div> <div style="text-align: center;"> <p>April 20, 2005</p> <hr/> <p>DATE</p> </div> </div> |              |                   |                         |             |  |  |  |  |  |  |  |        |              |              |      |    |  |              |          |   |                  |         |  |                    |         |   |                   |         |  |   |  |  |  |                   |  |                 |  |  |  |                   |           |            |  |  |  |                   |           |  |  |  |  |  |  |                               |  |  |  |             |  |  |  |  |  |   |         |  |  |  |  |            |             |   |  |  |  |         |  |                      |  |  |  |             |  |   |  |  |  |  |  |                       |  |  |  |             |  |  |  |  |  |                         |  |  |  |  |  |           |  |  |  |